



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Bartolome Ibarra, MD

Respondent Name

Service Lloyds Insurance Company

MFDR Tracking Number

M4-15-1130-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

December 12, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The following bill was audited incorrectly. TDI-DWC addresses Maximum Medical Improvement (MMI) Evaluations with Rule 134.204 (J) Subsection (3), Subparagraph (C). This rule states to reimburse the examining doctor, other than the treating doctor **\$350.00 for MMI evaluations**. TDI-DWC addresses Impairment Rating (IR) Evaluations with Rule 134.204, Subsection (J) , Subsection (4), Subparagraph (C), (ii), (II). This rule states if a full physical evaluation, with range of motion is performed, **reimbursement for the first musculoskeletal body area is \$300.00 and each additional musculoskeletal body area is \$150.00.**

	MMI = \$350.00
IR – UPPER EXTREMITY	= \$300.00
IR – LOWER EXT.	= \$150.00
IR - BACK	= \$150.00
IR - HEAD	= \$150.00
TTL	= \$1100.00"

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Respondent recommended a allowance of \$800.00 which is the correct reimbursement for a MMI/IR certification performed by the Designated Doctor which includes range of motion testing of the spine and upper extremities. Upon further research, additional reimbursement of \$150 is being paid for the hip range of motion testing. Per M4-08-12-14-01, the hip is considered a lower extremity which means the Provider is entitled to the additional \$150. This amount, plus, interest, has been paid. However, the additional \$150 sought by the Provider is not being reimbursed based on the explanation provided herein.

The additional \$150 requested by the Provider is not allowed as a maximum of three body areas can be reimbursed and these three body areas have been paid. The Provider is seeking reimbursement for a fourth body area, the head. Per Rule 134.202(e)(6)(D)(iii), when an impairment rating is performed on multiple body areas reimbursement is permitted for only the following three body areas: spine/pelvis; upper extremities; and lower extremities. The Provider is seeking reimbursement for four body areas, but reimbursement is only allowed for three body areas. Therefore, the additional \$150 sought by the Provider is not permitted.

In the instant matter, the Provider performed examinations of the spine (cervical and lumbar spine), upper extremities (right shoulder, right elbow and right forearm), and lower extremities (hip). All three body areas have been reimbursed and no additional reimbursement is warranted."

Response Submitted by: White/Epsey, PLLC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 13, 2014	Designated Doctor Examination	\$300.00	\$150.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for billing and reimbursing Designated Doctor Examinations.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - ORC – MMI/IR paid at ROM for 3 areas
 - W1 – Workers' Compensation State Fee Schedule Adj
 - P12 – Workers' Compensation State Fee Schedule Adj
 - ORC – Reconsideration in response to MDR M4-15-1130-01. Interest included on additional \$150 allowance.

Issues

1. What is the applicable rule for resolution of the disputed services?
2. What is the correct MAR for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier references Rule §134.202(e)(6)(D)(iii) in their position statement. 28 Texas Administrative Code §134.204 (a) states, "Applicability of this rule is as follows: (2) This section applies to workers' compensation specific codes, services and programs provided on or after March 1, 2008." This dispute involves services provided June 3, 2014. Therefore, the applicable rule for resolution of the disputed services is 28 Texas Administrative Code §134.204.
2. Per 28 Texas Administrative Code §134.204 (j)(3), "The following applies for billing and reimbursement of an MMI evaluation. (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation indicates that the Designated Doctor performed an evaluation of Maximum Medical Improvement as ordered by the Division. Therefore, the correct MAR for this examination is \$350.00.

This dispute involves a Designated Doctor Impairment Rating (IR) evaluation, with reimbursement subject to the provisions of 28 Texas Administrative Code §134.204(j)(4), which states that "(C) **For musculoskeletal body areas**, the examining doctor may bill for a **maximum of three body areas**. (i) Musculoskeletal body areas are defined as follows: (I) spine and pelvis; (II) upper extremities and hands; and, (III) lower extremities (including feet). (ii) The MAR for musculoskeletal body areas shall be as follows... (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area; and (-b-) \$150 for each additional musculoskeletal body area. (D) ... (i) Non-musculoskeletal body areas are defined as follows: (I) body systems; (II) body structures (including skin); and, (III) mental and behavioral disorders. (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides... (v) **The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150**" [emphasis added].

Review of the submitted documentation finds that the requestor was ordered to perform impairment rating evaluations of the right hand, right elbow, right shoulder, right hip, lumbar, and head contusion. The documentation indicates that the requestor performed impairment rating evaluations of the head/scalp, cervical, thoracic, lumbar, right shoulder, right elbow, right forearm, and right hip. The AMA Guides to the Evaluation of Permanent Impairment (fourth edition) places the head in the Nervous System chapter. For this reason, it is considered a body system in the non-musculoskeletal category. Therefore, the correct MAR for this examination is \$750.00. Please see the table below for a detailed analysis.

Examination	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement		\$350.00
IR: Lumbar (ROM)	Spine/Pelvis	\$300.00
IR: Rt Shoulder/Elbow (ROM)	Upper Extremities	\$150.00
IR: Rt Hip (ROM)	Lower Extremities	\$150.00
IR: Head	Upper Extremities	\$150.00
Total MMI		\$350.00
Total IR		\$750.00
Total Exam		\$1,100.00

3. The total allowable for the disputed services is \$1100.00. Review of the submitted documentation finds that the insurance carrier paid \$950.00. Therefore, the requestor is entitled to additional reimbursement of \$150.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$150.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$150.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Laurie Garnes Medical Fee Dispute Resolution Officer	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> March 4, 2015 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.